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CONFIRMATION NO. 4947

<b>SERIAL NUMBER</b> 10/018,615	<b>FILING OR 371(c) DATE</b> 03/11/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> FIT-10202/29	
<b>APPLICANTS</b> William R. Fitz, Columbus, OH;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US00/00544 01/10/2000 which is a CON of 09/336,241 06/18/1999 PAT 6,314,325 which is a CIP of 09/056,216 04/07/1998 PAT 6,014,588  <b>** FOREIGN APPLICATIONS *****</b>  <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> John G Posa Gifford Krass Groh Sprinkle 280 N Old Woodward Avenue Suite 400 Birmingham ,MI 48009					
<b>TITLE</b> NERVE STIMULATION METHOD AND APPARATUS FOR PAIN RELIEF					
<b>FILING FEE RECEIVED</b> 368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		